LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

LOBBYISTS (Sec. 67-6619)

Page____ of ___Page(s)
THIS SPACE FOR OFFICE USE ONLY

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			early in black ink) at bottom of page				J I A	_ 0. ,B			
Lobbyis		ermanent busine			Dat	te prepared	1	Period covered			
PHILLIP M. BARBER PO BOX 237 Boise 1D 83701						2/3/06		year ending			
13	100x	2370°	\					(Mo.) (Day) (Yr.)			
	13E 1D	03.						12 31 05			
Item 1	Totals	of all reportab	le expenditures made or	incurred by Lo	bbyist or	by Lobbyist's Em	ployer on behalf	of Lobbyist's Employer.			
Category of Expenditure Reimbursed Personal Living and Travel * Total Amount for				Proportionate amounts contributed by each Item 3, at bottom of page.)			nployer (Identify e	mployers, under			
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported			All Employers	Employer N	Io. 1	Employer No. 2	Employer N	No. 3 Employer No. 4			
Entertainment Food and Refreshment			\$	\$		\$	_	\$			
Living	Accommoda	ations	Ø				_				
Advert	ising		<u> </u>				_				
Travel			9								
Teleph	one						_				
Other I	Expenses or	Services									
		Total	\$ <u> </u>	\$		s <u>Ø</u>	_	\$			
**								hould be entered on Page 1.			
The totals of each expenditure of more than fifty doll Date Place						-					
	Date		Place		Amount	Ivanie	es of Legislators & I	duone Officials in Group			
							D				
	Continued on	attached page(s)									
Continued on attached page(s) INSTRUCTIONS						Employer(s) Name(s) and Address(es)					
		11.01	100110110			America		vance Assu			
			ny lobbyist registered u	ınder Section	No.1	980 N 9+	a Juit	e 2060			
67-6	6617 Idaho (Code.			\vdash	Regiona	1 Trustee	(Cramen CA)			
Filing deadline: Annual report is due on January 31st.						Regional Trustee Services No.2 Clo A. E. Hawes 2516. Front, Boise 1D83702					
ТО	BE FILED		an Veurea			- 0 1 0, 1	, , , , , , , , , ,				
Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080						No.3					
	Pho	ne: (208) 334-	2852 Fax: (208) 334-2	282	No.4	No.4					

Item 4	personal prop		erty to any Legis		by the lobbyist's employer in the nature of contributions of money or other tangible or intangible for or on behalf of any legislator.					
		ate	Amount			Name of Legislator Receiving	or Bene	fited		
Item 5 Subject	or Ho the L	ouse Bill, obbyist w Bill, Re	Resolution or other vas supporting or or esolution or Other	ion, the number of the Senate legislative activity in which possing. Appropriation Bill Number and Section Number	01	LEGISLATIVE SUE Subject Agriculture, horticulture, farming, and livestock		Subject Health service, medicine, drugs and controlled substances, health		
20 20 3 2 2 2 2 2	0000	H Z H I S I S I I S I I S I I I	9 67 9 67 9 7 9 7 9 7 9 7 7 7 7 7 7 7 7	and Section Number	02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, municipal Government, special districts Government, state	18 19 20 21 22 23 24 25 26 27 28 29 30	insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify) Deed H Trust Services		
				above is a true, complete and a 67-6624 Idaho Code.		Employer No. 2 signature Employer No. 3 signature Employer No. 4 signature	<u>} </u>	Date Date Date Date		